

Prepublication Requirements

• Issued May 20, 2020 •



Changes Related to CMS Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAMS

Effective September 13, 2020

Leadership (LD) Chapter

LD.04.01.10

Critical access hospital leaders, including leaders of the organized medical staff, provide oversight for emergency management activities.

Element(s) of Performance for LD.04.01.10

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| <p>2. Senior critical access hospital leadership directs implementation of selected hospitalwide improvements in emergency management based on the following:</p> <ul style="list-style-type: none"> - Review of the annual emergency management planning reviews (See also EM.03.01.01, EP 4) - Review of the evaluations of all emergency response exercises and all responses to actual emergencies (See also EM.03.01.03, EP 15) - Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. Senior critical access hospital leadership directs implementation of selected hospitalwide improvements in emergency management based on the following:</p> <ul style="list-style-type: none"> - <u>Examine the</u> emergency management planning reviews <u>at least every two years</u> (See also EM.03.01.01, EP 4) - Review of the evaluations of all emergency response exercises and all responses to actual emergencies (See also EM.03.01.03, EP 15) - Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term | <input type="checkbox"/> <input type="checkbox"/> |

Medical Staff (MS) Chapter

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve patient safety and the quality of care, treatment, and services.

Element(s) of Performance for MS.05.01.01

9. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff is actively involved in the measurement, assessment, and improvement of the following: The use of developed criteria for autopsies. (See also PI.03.01.01, EPs 2 and 4)~~

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Provision of Care, Treatment, and Services (PC) Chapter

PC.01.02.03

The critical access hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance for PC.01.02.03

7. **For rehabilitation and psychiatric distinct part units in critical access hospitals: When the medical staff has chosen to allow an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the assessment of the patient is completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services. (For more information, refer to Standard to MS.03.01.01)**

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Note: For further regulatory guidance, refer to 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v). Refer to “Appendix A: Medicare Requirements for Hospitals” (AXA) for full text.

PC.02.02.09

For swing beds in critical access hospitals: Residents participate in social and recreational activities according to their abilities and interests.

Element(s) of Performance for PC.02.02.09

4. ~~For swing beds in critical access hospitals: The critical access hospital offers residents a choice of activities, both independent and organization-sponsored group and individual activities, designed to meet the interests of residents; support their physical, mental, and psychosocial well-being; and encourage both independence and interaction in the community.~~

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3. ~~For swing beds in critical access hospitals: The critical access hospital helps residents to participate in social and recreational activities according to their abilities and interests.~~

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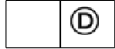
PC.04.01.01

The critical access hospital follows a process that addresses the patient’s need for continuing care, treatment, and services after discharge or transfer.

Element(s) of Performance for PC.04.01.01

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

32. For rehabilitation and psychiatric distinct part units in critical access hospitals: The patient's discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The hospital documents in the medical record that this list was presented to the patient or the patient's representative.



Note 1: Home health agencies must request to be listed by the hospital.

Note 2: This list is only presented to patients for whom home health care, post-hospital extended care services, skilled nursing, inpatient rehabilitation, or long-term care hospital services are identified as needed.

Rights and Responsibilities of the Individual (RI) Chapter

RI.01.05.01

The critical access hospital addresses patient decisions about care, treatment, and services received at the end of life.

Element(s) of Performance for RI.01.05.01

21. ~~For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines how it obtains and documents permission to perform an autopsy.~~

